MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored

RECEIVED

at definition and the state of							
State Charity Registration Number: CT 0227572	Check		MAY 1 5 2019				
STUDENT SENATE FOR CALIFORNIA COM	MUNITY	☐ Change of address MAT I D ZUIY ☐ Amended reportRegistry of Charitable Trusts					
Name of Organization				11030			
1102 Q STREET, NO. 4800 Address (Number and Street)	Corpor	rate or Organization No	3782868				
SACRAMENTO , CA 95811 City or Town, State and ZIP Code	Federa	al Employer I.D. No.	47-5327498				
ANNUAL REGISTRATION RENEWAL FEE SCH Make Check Payable to Attori			, 311, and 312)				
Gross Receipts Fee Gross Annual Re	venue Fee	Gross Annual Re	venue	Fee	e		
Less than \$25,000 0 Between \$100,00 Between \$25,000 and \$100,000 \$25 Between \$250,00	· •		001 and \$10 million 0,001 and \$50 million million	\$15 \$22 \$30	25		
PART A - ACTIVITIES		3					
For your most recent full accounting period (beginning Gross annual revenue \$ 315,002.	07/01/2017 e	$\frac{06/30/2}{316,231.}$	018) list:				
PART B - STATEMENTS REGARDING ORGANIZATION DURING	THE PERIOD OF THIS	REPORT					
Note: If you answer "yes" to any of the questions below, you r "yes" response. Please review RRF-1 instructions for in	must attach a separate	page providing an exp	lanation and details fo	or ead	ch		
Von							
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?							
any financial interest?					X		
During this reporting period, were there any theft, embezzleme or funds?	ent, diversion or misuse	of the organization's cha	aritable property		X		
2. During this reporting period, were there any theft, embezzleme			aritable property				
During this reporting period, were there any theft, embezzleme or funds?	cceed 50% of gross reve	enue?			х		
During this reporting period, were there any theft, embezzleme or funds? During this reporting period, did non-program expenditures ex During this reporting period, were any organization funds used	cceed 50% of gross reve d to pay any penalty, fine	enue? e or judgment? If you file	ed a Form 4720		x		
 During this reporting period, were there any theft, embezzleme or funds? During this reporting period, did non-program expenditures ex During this reporting period, were any organization funds used with the Internal Revenue Service, attach a copy. During this reporting period, were the services of a commercial 	cceed 50% of gross reve d to pay any penalty, fine al fundraiser or fundraisir I telephone number of th governmental funding? If	enue? e or judgment? If you file ng counsel for charitable te service provider. f so, provide an attachm	ed a Form 4720 e purposes used?	x	x x		
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 During this reporting period, were there any theft, embezzleme or funds? During this reporting period, did non-program expenditures exwith the Internal Revenue Service, attach a copy. During this reporting period, were the services of a commercial fryes, provide an attachment listing the name, address, and name of the agency, mailing address, contact person, and teleful the number of raffles and the date(s) they occurred. Does the organization conduct a vehicle donation program? If operated by the charity or whether the organization contracts Did your organization have prepared an audited financial state principles for this reporting period? Organization's area code and telephone number (866)325-32 Organization's e-mail address I declare under penalty of perjury that I have examined this report, included 	acceed 50% of gross reversed to pay any penalty, fine all fundraiser or fundraisir telephone number of the governmental funding? If ephone number. for charitable purposes? If "yes," provide an attack with a commercial fundrament in accordance with 22	enue? e or judgment? If you file ng counsel for charitable ne service provider. f so, provide an attachm SEE ST of "yes," provide an atta hment indicating whethe raiser for charitable purp h generally accepted ac	ed a Form 4720 e purposes used? ent listing the ATEMENT 9 achment indicating er the program is soses. counting	he con	x x x x		

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RRF-1 (08/2017)

CA RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 9 PART B, LINE 6

CALIFORNIA COMMUNITY COLLEGES CHANCELLOR'S OFFICE 1102 Q STREET, SIXTH FLOOR SACRAMENTO, CA 95811 MICHAEL QUIAOIT (916) 327-6222

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

_	Ear the	2017 calendar year, or tax year beginning JUL 1, 2017 and ending					
	-		JUN 30, 2018	······································			
B ;	Check if applicable	I STUDENT SENATE FOR CALIFORNIA COMMUNITY	D Employer identifi	ication number			
<u>_</u>	Addres	COLLEGES					
L	Name change	Doing business as	47-5	327498			
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) Room/su 1102 Q STREET 4800		er)325-3222			
_	—ireturn/ termin-						
	ated Amend return Applica	SACRAMENTO, CA 95611	G Gross receipts \$ H(a) Is this a group r				
_	tion pendin	IF Name and address of principal officer: IIISHAA IUUNGBLUUD	for subordinates H(b) Are all subordinates i				
$\overline{}$	Tay ove		 -				
		e: ► STUDENTSENATECCC.ORG/	—	list. (see instructions)			
			H(c) Group exemption				
			ear of formation: 2015	M State of legal domicile; CA			
P		Summary					
Ð	1	Briefly describe the organization's mission or most significant activities: THE STUD	ENT SENATE FO	R			
5	(CALIFORNIA COMMUNITY COLLEGES WORKS TO PROMO	re and safegu	ARD ACCESS			
Activities & Governance	-	Check this box 🕨 🔲 if the organization discontinued its operations or disposed 📭					
Š	2	Number of voting members of the governing back (Back) (I fee to)	OLICI ALE 43% OLICE LIEU S.	26			
ဇ္ဗ	3 1	Number of voting members of the governing body (Part VI, line 1a) Attorney (Seneral's Office 3				
વ્હ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26			
es	5	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)	1 5 2010 5	0			
Ξ	6	Total number of volunteers (estimate if necessary)	1 3 2013	103			
Ę	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
•		Net unrelated business taxable income from Form 990-T, line 34	Charitable Trust 7a	0.			
	1	The second secon	Prior Year				
	。 /	Contributions and system (Doct VIII 15: 5 db)	O.	Current Year 242, 216.			
를		Contributions and grants (Part VIII, line 1h)					
en/		Program service revenue (Part VIII, line 2g)	0.	72,786.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.			
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	315,002.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
		Ponofito moid to ou four months up / Dout IV and upon (A) live 4)	0.	0.			
/ 0			0.	0.			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
ē		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
×		Total fundraising expenses (Part IX, column (D), line 25)					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	101,737.			
	18 7	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	101,737.			
		Revenue less expenses. Subtract line 18 from line 12	0.	213,265.			
es o			Beginning of Current Year	End of Year			
퍒	20 1	Total assets (Part X, line 16)	0.	316,231.			
vet Assets or und Balanc	21 1	Fotal liabilities (Part X, line 26)	0.	16,718.			
E e	22	* * * * * * * * * * * * * * * * * * * *	<u>ŏ:</u>	299,513.			
D) ZZ	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	V •	299,513.			
A	MODELLIN, DERMONE						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat		y knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.				
		By the Young Wood (MAY 1, 2019)	May 1, 2019				
Sig	n	Signature of officer	Date				
Her	e l	▲ IIYSHAA YOUNGBLOOD, PRESIDENT					
	i	Type or print name and title					
		Print/Type preparer's pame	Date Check	PTIN			
Da!		Print/Type preparer's name Preparer's signature	1 0,,,,,				
Paid JENNIFER Z IWATA JENNIFER Z IWATA 04/30/19 self-employed P01310							
Preparer Firm's name ► GILBERT ASSOCIATES, INC. Firm's EIN ► 68-0037990							
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100					
		SACRAMENTO, CA 95833	Phone no.91	6-646-6464			
Mαν	the IR	S discuss this return with the preparer shown above? (see instructions)	,	X Yes No			
-		F-F Coo mondonono	<u> </u>	١٧٠ لسيسا الاي السعب			

STUDENT SENATE FOR CALIFORNIA COMMUNITY 47-5327498 COLLEGES Form 990 (2017) Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III. Briefly describe the organization's mission: TO PURSUE POLICIES THAT WILL IMPROVE STUDENT ACCESS, PROMOTE STUDENT SUCCESS, ENGAGE AND EMPOWER LOCAL STUDENT LEADERS, AND ENRICH THE COLLEGIATE EXPERIENCE FOR ALL OF CALIFORNIA COMMUNITY COLLEGE STUDENTS. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 27,210 • Including grants of \$ 36,393.1) (Revenue \$ REGIONAL AFFAIRS - THE STUDENT SENATE REGIONS WORK TO SUPPORT THE TEN REGIONS THROUGHOUT THE STATE COMPRISED OF 114 BRICK AND MORTAR CAMPUSES. THE REGIONS WORK TO PROVIDE LEADERSHIP AND PROFESSIONAL DEVELOPMENT FOR LOCAL STUDENT LEADERS, WHILE FOSTERING A COMMUNITY OF CIVICALLY ENGAGED STUDENT LEADERS. THE REGIONS ARE SUPPORTED IN DEVELOPMENT THAT CONSIST OF CONFERENCE FUNDING AND REGIONAL WORKSHOPS. WHERE STUDENTS HAVE THE ABILITY TO GET A BETTER UNDERSTANDING OF POLICY AND ADVOCACY AND LEADERSHIP. 27,210. 36,393. (Code: \ (Expenses \$ including grants of \$) (Revenue \$ SYSTEM AFFAIRS - THE STUDENT SENATE SHARES IN THE PARTICIPATORY GOVERNANCE PROCESS THROUGH STATEWIDE COMMITTEES. WHERE APPROXIMATELY 24 COMMITTEES HAVE APPROX 35 STUDENT VOICES. WHERE STUDENTS PROVIDE CRITICAL INPUT AND FEEDBACK TO PROGRESS THE STUDENT VOICE IN THE CALIFORNIA COMMUNITY COLLEGE SYSTEM. SOME OF THESE COMMITTEES ARE THE BOARD OF GOVERNORS, THE CHANCELLOR'S EXTERNAL ADVISORY LEADERSHIP ONLINE EDUCATIONAL RESOURCES, FORMERLY AND CURRENTLY INCARCERATED STUDENTS, AND MANY MORE. 2,864. including grants of \$ (Code:) (Expenses \$) (Revenue \$ LEGISLATIVE AFFAIRS -THE STUDENT SENATE WORKS ON A STATEWIDE PLATFORM FOR ADVOCACY. WHERE WE SPONSOR, CO-SPONSOR, OR SUPPORT LEGISLATION THAT WILL CHANGE THE CALIFORNIA COMMUNITY COLLEGE SYSTEM MORE EQUITABLE. THE FOCUS OF THIS YEARS LEGISLATIVE ADVOCACY IS FINANCIAL AID THAT ENCOMPASSES THE TOTAL COST OF ATTENDANCE IN HIGHER EDUCATION, TITLE IX, DREAM ACT AND DACA LEGISLATION, AND VARYING OTHER ISSUES THAT DIRECTLY OR INADVERTENTLY IMPACT THE COMMUNITY COLLEGE STUDENTS IN CALIFORNIA. THIS LEGISLATIVE CYCLE WE SPONSORED ONE BILL, CO-SPONSORED FOUR BILLS, AND HAVE CURRENTLY SUPPORTED 11 BILLS.

) (Revenue \$

Form 990 (2017)

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$

57,284.

Form 990 (2017) COLLEGES

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	18.9		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-71/9/63/453	9855 C 275 A	
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ <u>X</u> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	<u>X</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		v
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		**
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Page 4

COLLEGES

Part IV | Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 280 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O

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Par	Check if Schedule O contains a response or note to any line in this Part V			
		·····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		146
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			- 4
	filed for the calendar year ending with or within the year covered by this return) 4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	5.1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	24		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1_		v
	to file Form 8282?	7c	aid 17788	X
	If "Yes," indicate the number of Forms 8282 filed during the year			X
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	<u> </u>
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	955		2.4
	sponsoring organization have excess business holdings at any time during the year?	8	J a ges 1	\$38.54
	Sponsoring organizations maintaining donor advised funds.			Sant.
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		.4300 PA
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:		AL III	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			93.
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			e ass
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ESSET IN CAUSTRALIES	Man or money or a
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			101
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	87 PE		4
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

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Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	irgali-		
	If there are material differences in voting rights among members of the governing body, or if the governing	pile is		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			25E
b	Enter the number of voting members included in line 1a, above, who are independent	100		a Gar
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			95 m
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	İ		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1 1	7 44
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		yr. H	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Ġ.	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	ole	-
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JOHN O'SULLIVAN - (866)325-3222			
	1102 Q STREET, NO. 4800, SACRAMENTO, CA 95811			

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Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	횷						the	organizations	compensation
	hours for	r direc				<u> </u>		organization	(W-2/1099-MISC)	from the
	related	stee 0	nstee		١	eusa		(W-2/1099-MISC)		organization
	organizations	al fru	onalt		ploye	S 83		,		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег			organizations
(1) YA'MESE JOHNSON	1.00									
DIRECTOR		X						0.	0.	0.
(2) JOHN MICHAELSON	1.00									
DIRECTOR		X	L					0.	0.	0.
(3) DYLAN LEE	1.00	l	١,					_		_
DIRECTOR		X						0.	0.	0.
(4) NOLAN GOLDEN	1.00	l						_		_
DIRECTOR		X						0.	0.	0.
(5) SPENCER MERRITT	1.00	l								_
DIRECTOR	1 00	X						0.	0.	0.
(6) JULISSA LOPEZ	1.00	l	i							
DIRECTOR	1 22	X						0.	0.	0.
(7) DULCE GARICA	1.00	l							•	_
DIRECTOR	1 00	X			<u> </u>			0.	0.	0.
(8) R CAMERON COWPERTHWAITE	1.00	ļ.,						0.	•	^
DIRECTOR (9) JOMAS TOMPKINS	1.00	X			_	_		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) MARIO RAMIREZ	1.00	₽	_		_	_		0.	0.	<u> </u>
DIRECTOR	1.00	x			ŀ			0.	0.	0.
(11) MATTHEW ESGUERRA	1.00	₽			_	-		0.	<u> </u>	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(12) DEMI CAIN	1.00	<u> </u>		Н				0.	•	0.
DIRECTOR UNTIL 4/7/18	1.00	х			ļ			0.	0.	0.
(13) KEVIN BUTT	1.00	Ë		-						
DIRECTOR UNTIL 4/7/18		x						٥.	0.	0.
(14) TATIANA YBARRA	1.00							-		
DIRECTOR UNTIL 4/7/18		\mathbf{x}						٥.	0.	0.
(15) DANIEL CONTRERAS	1.00									
DIRECTOR UNTIL 4/7/18		x						0.	0.	0.
(16) MANVEER SANDHU	1.00									
DIRECTOR UNTIL 4/7/18		х						0.	0.	0.
(17) ROBERT MARTINEZ	1.00									
DIRECTOR UNTIL 4/7/18		X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				(D)	(E)		(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable		Estimated				
	hours per	box	, unle:	ss pe	rson	is bot	h an	compensation	compensation	n	amount of
	week	┝	ceran	o a o	recto	or/trus	itee)	from	from related		other
	(list any hours for	ndividual trustee or director						the	organizations		compensation
	related	0.0	<u>a</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	·C)	from the organization
	organizations	este	trus		eg G	ubeu		(44-2/1099-141130)	1		and related
	below	duat	tiona	_	npłoy	stcol	<u> </u>				organizations
	line)	ndi	Institutional 1	Officer	Key employee	Highest compensated employee	Former				Ū
(18) JOUN MICHAELSON	1.00					Π					
DIRECTOR UNTIL 4/7/18		х						0.		0.	0.
(19) MARLENE HURD	1.00										
DIRECTOR UNTIL 4/7/18		X						0.		0.	0.
(20) JESUS VARGAS	1.00										
DIRECTOR UNTIL 4/7/18		X						0.		0.	0.
(21) ERIC LAMB	1.00										
DIRECTOR UNTIL 4/7/18		X						0.		0.	0.
(22) ISREAL COZAR	1.00										
DIRECTOR UNTIL 4/7/18		Х						0.		0.	0.
(23) CLAIRE LOPEZ	1.00										
DIRECTOR UNTIL 4/7/18		Х						0.		0.	0.
(24) JAMES TOMPKINS	1.00										
DIRECTOR UNTIL 4/7/18		X						0.		0.	0.
(25) LIZ POMPA	1.00							,			
DIRECTOR UNTIL 4/7/18		X						0.		0.	0.
(26) SHILA HOWELL	1.00										
DIRECTOR		X						0.		0.	0.
1b Sub-total							<u> </u>	0.		0.	0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								0.		0.	0.
2 Total number of individuals (including but n						e) wł	no re	eceived more than \$100	,000 of reportable	е	
compensation from the organization											0
							-				Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	, or l	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual										3 X
4 For any individual listed on line 1a, is the su	•		•					•	•		Kobe dika
and related organizations greater than \$150	0,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	e J f	for such individual	***************************************		4 X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation from
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.		
(A)								(B)			(C)
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	C	ompensation
							ļ				
							_				
							- 1		İ		
							_				
							_				
									1		
	· · · ·						\dashv				
O Table and the last of the la	1 12 1 1		•-				ᆜ			G554.025	ose, alia ser e como
2 Total number of independent contractors (i	_	ot li	mite	d to		se lis)	sted	above) who received n	nore than		
\$100,000 of compensation from the organia	zation 🟲				,	J				ALC: N	augusta in the State of the Sta

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Form 990

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) Position Reportable Estimated Name and title Reportable Average (check all that apply) hours compensation compensation amount of per from from related other week the organizations compensation Highest compensated employee organization (W-2/1099-MISC) from the (list any (W-2/1099-MISC) organization hours for related and related organizations organizations below Officer line) (27) JOSEPH NIELSON 1.00 DIRECTOR X 0. 0. 0. (28) IIYSHA YOUNDBLOOD 1.00 0. DIRECTOR Х 0. 0 (29) VALERIE JOHNSON 1.00 DIRECTOR 0. 0. 0. (30) BERNARD MCFADDEN 1.00 DIRECTOR 0. 0. 0. (31) ISHA PASHICHA 1.00DIRECTOR UNTIL 4/7/18 X 0. 0. 0. (32) AJA AQUINO 1.00 X 0. DIRECTOR UNTIL 4/7/18 0. 0. (33) JAVIER VENEGAS 1.00 DIRECTOR UNTIL 4/7/18 X 0. 0. 0. (34) JESSICA KHALILI 1.00 DIRECTOR UNTIL 4/7/18 0. 0. 0. (35) BEVERLY RAPOUW 1.00 DIRECTOR UNTIL 4/7/18 0. 0. 0. (36) CHRISTINE BERMUDEZ 1.00 DIRECTOR UNTIL 4/7/18 X 0. 0 0. (37) KARLA ESPEJO 1.00 X 0. DIRECTOR 0. 0. (38) CHRIS HOPP 1.00 DIRECTOR X 0. 0. 0. (39) COURTNEY COOPER 2.00 PRESIDENT X 0. 0. 0. (40) RICARDO MARTIN 2.00 EXECUTIVE VP UNTIL 4/7/18 X 0. 0. 0. (41) KAREN PATRON 2.00 EXECUTIVE VICE PRESIDENT X 0. 0 0. (42) ALEJANDRO LOMELI 2.00VP OF SYSTEM AFFAIRS X 0. 0. 0. (43) TABITHA ROMERO 2.00 VP OF LEGISLATIVE AFFAIRS X 0 0 . 0. (44) MATHEW RODRIGUEZ 2.00 VP OF REGIONAL AFFAIRS X 0 0. 0. (45) CHEYNE STRAWN 2.00 VP OF FINANCE X 0. 0. 0. (46) RUDULPH VILLEGAS 2.00 VP OF COMMUNICATIONS X 0. 0. 0. Total to Part VII, Section A, line 1c

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Form 990 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (C) (D) Name and title Average Position Reportable Reportable **Estimated** compensation (check all that apply) compensation amount of hours from from related other per week Highest compensated employee the organizations compensation (W-2/1099-MISC) organization from the (list any Individual trustee or director (W-2/1099-MISC) organization hours for and related related Key employee organizations organizations below Officer line) (47) MIGUEL FUENTES 2.00 0. VP OF COMMUNICATIONS X 0. 0. Total to Part VII, Section A, line 1c

COLLEGES of Boyonus

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	a Federated campaigns	1a			ali aper Kin		
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues						
ts, An		c Fundraising events					rda de	
Gif	(d Related organizations		242 216				
Sir		e Government grants (contribution	· -	242,216.				deux Mes
utic Jer	1	f All other contributions, gifts, grant			4 96 10			
흕		similar amounts not included abov						
Son		Moncash contributions included in linesTotal. Add lines 1a-1f			242,216.			
	<u>'</u>	ii Total. Add lines Ta-11		Business Code	1.0000000000000000000000000000000000000			A Silver
e e	2 8	a CONFERENCE FEES		900099	72,786.	72,786.		Harris de la company
Program Service Revenue		b			•	·		
Se	(c						
ram		d						
ро Н	•	e						
<u> </u>	f	f All other program service rever	nue					
					72,786.			
	3	Investment income (including of						
		other similar amounts)						
	4	Income from investment of tax	•			<u> </u>		
	5	Royalties			egan response garage			
	6 a	a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses		+	ie abet		77.50 - 12.50 5. 14.50 / 12.50	
		c Rental income or (loss)		-		ler ter in		
		d Net rental income or (loss)		<u> </u>	いたのは1、 この時候9月 ARS M ME			BEST CONTRACTOR OF THE STATE
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(/	(,,, 0				
	t	b Less: cost or other basis						
		and sales expenses			72 552 75			
	(c Gain or (loss)						
	(d Net gain or (loss)		>	CO CONTRACTOR CONTRACTOR	BSTLCT or A Confidence memory by Supplementaries and Assessment	elitochitet	**************************************
•		a Gross income from fundraising						
enne		including \$	of					like di.
		contributions reported on line	1c). See					
Other Re		Part IV, line 18	a	1				
ê		b Less: direct expenses		· <u> </u>			á as a	
		Net income or (loss) from fundi	_	>	Systematical Control		6.5522	CARSON CONTRACTOR OF THE CONTR
	9 a	a Gross income from gaming act						
		Part IV, line 19						
		b Less: direct expenses Net income or (loss) from gami		<u> </u>				
		a Gross sales of inventory, less r	-					
	10 6	and allowances		,				
	ŧ	b Less: cost of goods sold	b					
		Net income or (loss) from sales				, re 2000, p. r. s. s. (2003), r A . (20		erren summi bleman ir. Ville
		Miscellaneous Revenue		Business Code				
	11 a				ementation is edited chapman. 2.2.46		en de estrasser de la constitució de la constitució de la constitució de la constitució de la constitució de l La constitució de la	**::::::::::::::::::::::::::::::::::::
	t	b						
	c							
	c	d All other revenue						
	€	e Total. Add lines 11a-11d					e i gregoriales	
	12	Total revenue. See instructions.			315,002.	72,786.	0.	0.

Form 990 (2017) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) Program service (D) Do not include amounts reported on lines 6b. Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 36,000 36,000. Management 443 246. 197. Legal 1,800. 1,800. Accounting C Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees 64 64 f Other. (If line 11g amount exceeds 10% of line 25, 4,600. 4,600 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 585 322 Office expenses 263. 13 Information technology 14 15 Royalties 16 Occupancy 46,030 46,030 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,022 10,971 4,949 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,244 1,244 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d All other expenses 101,737. 57,284. Total functional expenses. Add lines 1 through 24e 44,453. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

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Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	261,463
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			ar ar and
	trustees, key employees, and highest compensated employees. Complete		12	
	Part II of Schedule L	Washington and the state of the	5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
₂	employees' beneficiary organizations (see instr). Complete Part II of Sch L	4000000	6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges			5,500
1	Land, buildings, and equipment: cost or other			
100	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b		10c	
11			11	
12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	
13	Investments - other securities. See Part IV, line 11		13	
			14	
14	Intangible assets			49,268
15	Other assets. See Part IV, line 11			316,231
16	Total assets. Add lines 1 through 15 (must equal line 34)	· · · · · · · · · · · · · · · · · · ·	— · ·	16,718
17	Accounts payable and accrued expenses		17	10,710
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		and sales.	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	·	23	
24	Unsecured notes and loans payable to unrelated third parties	·	24	
25	Other liabilities (including federal income tax, payables to related third			
İ	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	16 710
26	Total liabilities. Add lines 17 through 25	0.	26	16,718
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
8	complete lines 27 through 29, and lines 33 and 34.			200 512
27	Unrestricted net assets		27	299,513
ē 28	Temporarily restricted net assets		28	
<u>29</u>	Permanently restricted net assets		29	
27 28 29 30 31 32 33 32 33 32 33 32 33 33 33 33 33 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5	and complete lines 30 through 34.			a a la la la la la la la la la la la la
30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
z 33	Total net assets or fund balances	0.		299,513
34	Total liabilities and net assets/fund balances		34	316,231

Form	990 (2017) COLLEGES	47	-5327498	Pag	_{je} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			02.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	213	3,2	65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>0.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	86	5,2	48.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	299) , 5	<u> 13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Lash Lash Accrual Lash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	:11 st	in sil	Meri
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	3,		
	consolidated basis, or both:			4.0	
	Separate basis Consolidated basis Both consolidated and separate basis				40
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t ,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (o. 📴		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	udit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	ıdit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

STUDENT SENATE FOR CALIFORNIA COMMUNITY Name of the organization 47-5327498 COLLEGES Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

STUDENT SENATE FOR CALIFORNIA COMMUNITY Schedule A (Form 990 or 990-EZ) 2017 COLLEGES 47-5327498 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (b) 2014 (c) 2015 (d) 2016 (e) 2017 (a) 2013 1 Gifts, grants, contributions, and membership fees received. (Do not 328,464. 242,216. include any "unusual grants.") 28,066. 58,182. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 58,182. 242,216. 328,464. 4 Total. Add lines 1 through 3 28,066. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 328,464. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2015 28,066. **(e)** 2017 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (f) Total (d) 2016 7 Amounts from line 4 58,182 242,216 328,464. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 328,464.

12 Gross receipts from related activities, etc. (see instructions)

12 72,786.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

organization, check this box and stop here

Section C. Computation of Public Support Percentage

Schedule A (Form 990 or 990-EZ) 2017 COLLEGES

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-]				
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ĺ					
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					, , , , , , , , , , , , , , , , , , ,	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income					,	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				· · · · · · · · · · · · · · · · · · ·		
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L			l	,	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
0-	check this box and stop here						<u> </u>
	tion C. Computation of Publ					1	
	Public support percentage for 2017 (column (f))		15	<u>%</u>
	Public support percentage from 2016					16	<u>%</u>
_	tion D. Computation of Investment income acceptance for Computation			- 10 (^\		1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from:	· ·		an line 4.4 and line		18	<u>%</u>
198	33 1/3% support tests - 2017. If the	-					/ is not
	more than 33 1/3%, check this box a						
C	33 1/3% support tests - 2016. If the	•			-	•	and
20	line 18 is not more than 33 1/3%, che			•		•	T H
20	Private foundation. If the organization	ni dia noi check a	DUX UITIII 14, 19	a, ur 190, cneck tr	IIS DUX AND SEE IN	SUUCUOUS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	in the	
3a		(N.E.)
3a 3b		
3c		
4a		
4b		
4c		
5a 5b		
50		_
7		
ing H	Svile.	
		94 2
9a 9b		
9c		
10a		12 15 12 15 12 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 16 16 16 16 16 16 16 br>16 16 16 16 16 16 16 16 16 16 16 1
	alber Collegated	Ağıyı Verilik de

47-5327498 Page 5 Schedule A (Form 990 or 990-EZ) 2017 COLLEGES Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions). ☐ The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b c Interpretation of the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990 or 990-EZ) 2017 COLLEGES		4	7-5327498 Page 6
Pa		ig Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	-		,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			60 FM 10 45 16
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	·	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 COLLEGES 47-5327498 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions				
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
<u> </u>	From 2014				
d	From 2015				
<u>e</u>	From 2016			I and the second of the second	
<u>f</u>	Total of lines 3a through e				
g	Applied to underdistributions of prior years		The state of the s		
<u>h</u>	Applied to 2017 distributable amount			a da da da da da da da da da da da da da	
_ <u>i</u>	Carryover from 2012 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	527.5.7A9AF\$1.5.3.4G8C571384WT			
4	Distributions for 2017 from Section D,				
	line 7: \$			State of the second second second second second second second second second second second second second second	
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if			A	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI . See instructions. Remaining underdistributions for 2017. Subtract lines 3h				
6	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
<u> </u>		F 984		a consideration of the second	

Schedule A (Form 990 or 990-EZ) 2017

47-5327498 Page 8 Schedule A (Form 990 or 990-EZ) 2017 COLLEGES Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, SHORT YEAR EXPLANATION: TAX YEAR 2015 WAS A SHORT TAX YEAR AS IT WAS THE ORGANIZATION'S INITIAL YEAR. FOR 2017, THE ORGANIZATION FILED FORM 1128 TO CHANGE ITS TAX YEAR END TO 6/30 FROM 12/31 TO BE CONSISTENT WITH THE FISCAL YEAR USED FOR FINANCIAL REPORTING PURPOSES.

SCHEDULE C (Form 990 or 990-EZ)

•

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
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Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section	501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Name of or	ganization STUDENT	SENATE FOR CALI	FORNIA COMM	UNITY Emp	oloyer identification number
	COLLEGE				47-5327498
Part I-A	Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527	organization.
2 Politic	al campaign activity expendi	zation's direct and indirect politic tures ign activities		>	\$
Part I-B	Complete if the or	ganization is exempt und	der section 501(c))(3).	
		incurred by the organization un			\$
		incurred by organization manag			
		on 4955 tax, did it file Form 4720			
b If "Yes	," describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt und	der section 501(c)	, except section 501	(c)(3).
1 Enter t	he amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	\$
		nization's funds contributed to o			· · · · · · · · · · · · · · · · · · ·
exemp	t function activities		_	▶ :	\$
		s. Add lines 1 and 2. Enter here a			
line 17	b			▶:	\$
		1120-POL for this year?			
		mployer identification number (E			
		ation listed, enter the amount pa			
		romptly and directly delivered to			ate segregated fund or a
politica	al action committee (PAC). If	additional space is needed, pro-	vide information in Part	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2017					327498 Page 2
Part II-A Complete if the org	ganization is exe	empt under section	on 501(c)(3) and fi	led Form 5768 (e	ection under
expenses, and sha	are of excess lobbying	ifiliated group (and list ig expenditures). and "limited control" pr		d group member's nam	e, address, EIN,
Lim	its on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf				totalo	
b Total lobbying expenditures to inf					
c Total lobbying expenditures (add					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. En					
If the amount on line 1e, column (a)		bbying nontaxable am			
Not over \$500,000		f the amount on line 1e			
Over \$500,000 but not over \$1,00		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17		000 plus 5% of the exce			
Over \$17,000,000	\$1,000				
, , , , , , , , , , , , , , , , , , , ,	1 + 1,)===				
g Grassroots nontaxable amount (e	nter 25% of line 1f)				**************************************
h Subtract line 1g from line 1a. If ze					
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze					=
reporting section 4911 tax for this	year?	······································			Yes No
(Some organizations t	4-Year Avenue 4-Year Avenue 4-Year Avenue 4-Year Avenue 4-Year Avenue 4-Year Avenue 4-Year Avenue 4-Year Avenue	veraging Period Under	section 501(h) have to complete all		elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
			<u> </u>		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

STUDENT SENATE FOR CALIFORNIA COMMUNITY

Schedule C (Form 990 or 990-EZ) 2017 COLLEGES 47-532749

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description (a)		a)	(b)	
	ne lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			Cable 12 Cable 13 Cable	
á	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	Talk (1986)	
(Media advertisements?		X		
(Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?	1=1	Х		
	Grants to other organizations for lobbying purposes?		X		
ç	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			2,864.
ŀ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
į	Other activities?		X		
j	Total. Add lines 1c through 1i				2,864.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		o Bid
t	o If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
(If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			<u></u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1	-	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
a			2a	1	
t			2b		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?	omnour	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	rt IV Supplemental Information				
Provinstr	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ructions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part	II-A, lines 1 a	and 2 (see	
TH	E STUDENT SENATE WORKS ON A STATEWIDE PLATFORM FOR	ADVOC.	ACY. W	HERE V	VE
SP	ONSOR, CO-SPONSOR, OR SUPPORT LEGISLATION THAT WILL	CHAN	GE THE		
<u>CA</u>	LIFORNIA COMMUNITY COLLEGE SYSTEM MORE EQUITABLE. T	HE FO	CUS OF	THIS	
ΥE	ARS LEGISLATIVE ADVOCACY IS FINANCIAL AID THAT ENCO	MPASS	ES THE	TOTAL	
<u>co</u>	ST OF ATTENDANCE IN HIGHER EDUCATION, TITLE IX, DRE		r AND		0 EZ\ 2047

Schedule C (Form 990 or 990-EZ) 2017 COLLEGES	47-5327498 Page 4
Part IV Supplemental Information (continued)	
LEGISLATION, AND VARYING OTHER ISSUES THAT DIRECTLY OR INAL	OVERTENTLY
IMPACT THE COMMUNITY COLLEGE STUDENTS IN CALIFORNIA. THIS I	LEGISLATIVE
CYCLE WE SPONSORED ONE BILL, CO-SPONSORED FOUR BILLS, AND F	· AVE
CURRENTLY SUPPORTED 11 BILLS.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

STUDENT SENATE FOR CALIFORNIA COMMUNITY

COLLEGES

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	CULLEGES	and an Other Circilon French	47-3327430
Pai		ings or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclu		[——] [——]
6	Did the organization inform all grantees, donors, and donor adviso	_	
_	for charitable purposes and not for the benefit of the donor or don		
	impermissible private benefit?	• • •	Yes No
Pai	irt II Conservation Easements. Complete if the organiza		
	Purpose(s) of conservation easements held by the organization (cl		artif, mor.
1			orically important land area
	Preservation of land for public use (e.g., recreation or educa		• •
	Protection of natural habitat	Preservation of a cen	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	e included in (a)	2c
d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year >	-, 3 ,	
4	Number of states where property subject to conservation easeme	nt is located >	
5	Does the organization have a written policy regarding the periodic		
Ŭ	violations, and enforcement of the conservation easements it hold	_	
6	Staff and volunteer hours devoted to monitoring, inspecting, hand		
U	Start and volunteer riours devoted to monitoring, inspecting, name	ing or violations, and emorcing con	servation easements during the year
-	Amount of expenses incurred in monitoring, inspecting, handling of	duintations and antonium concern	ation accoments during the year
7		or violations, and emorcing conserva	ation easements during the year
_	> \$		M-VAVENO
8	Does each conservation easement reported on line 2(d) above sat		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	art III Organizations Maintaining Collections of Art		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990,		
1a	a If the organization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	n, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the	hese items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educat		
	relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
•	If the organization received or held works of art, historical treasure		
2			ai gain, provide
	the following amounts required to be reported under SFAS 116 (A	· -	~ ¢
a			
b	Assets included in Form 990, Part X		

STUDENT SENATE FOR CALIFORNIA COMMUNITY 47-5327498 Page 2 COLLEGES Schedule D (Form 990) 2017 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): d Loan or exchange programs ☐ Public exhibition b Scholarly research ☐ Preservation for future generations. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 d Additions during the year 1d Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (d) Three years back (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses f g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (d) Book value (c) Accumulated basis (investment) basis (other) depreciation 1a Land _____

Schedule D (Form 990) 2017

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of Security or Category (Including name of Security) (b) Book value (c) Method of valuation: Cost or end-of-of-of-of-of-of-of-of-of-of-of-of-of-	year market value
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of- (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C)	year market value
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C)	year market value
(2) Closely-held equity interests (3) Other (A) (B) (C)	
(3) Other	
(A) (B) (C)	
(B) (C)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	RESISTENCE SAMPLES
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-	year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description	(h) Beek volue
PURIOR WILLD BY GGGGG	(b) Book value 49,268
	49,400
(2)	
(3)	
(4)	
(5)	
(6) (7)	
(7)	
(8)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	49,268
Part X Other Liabilities.	47,200
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(3)	
	ar ar ar
(4) (5)	
(6)	
(7)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that	roporto the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

STUDENT SENATE FOR CALIFORNIA COMMUNITY 47-5327498 Page 4 Schedule D (Form 990) 2017 COLLEGES Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 26 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, tine 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. STUDENT SENATE FOR CALIFORNIA COMMUNITY **COLLEGES**

Employer identification number 47-5327498

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR CURRENT AND FUTURE STUDENTS TO CALIFORNIA PUBLIC HIGHER EDUCATION
IN ACCORDANCE WITH THE MASTER PLAN FOR HIGHER EDUCATION THROUGH SYSTEM
PARTICIPATORY GOVERNANCE, LEGISLATIVE AND POLICY ADVOCACY, AND REGIONAL
SUPPORT AND DEVELOPMENT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE REVIEW BY THE SSCCC BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT, WHICH AFFIRMS SUCH
PERSON:
A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
B. HAS READ AND UNDERSTANDS THE POLICY,
C. HAS AGREED TO COMPLY WITH THE POLICY, AND
D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.
FORM 990, PART VI, SECTION C, LINE 19:
SSCCC MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

Form **8868** (Rev. January 2017) Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed).

	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom			. ,			
				Enter file	er's identifyin	g number	
Type or print	STUDENT SENATE FOR CALIFORNIA COMMUNITY			Employer	Employer identification number (EIN) 47-5327498		
File by the due date for filing your	due date for Number, street, and room or suite no. If a P.O. box, see instructions.		Social se	curity number			
return. See instructions.	City, town or post office, state, and ZIP code. For a for SACRAMENTO, CA 95811	oreign add	lress, see instructions.	<u> </u>			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11				
Form 990	-T (trust other than above) JOHN O'SULLIVAN	06	Form 8870			12	
Teleph If the c	pooks are in the care of \blacktriangleright 1102 Q STREET, none No. \blacktriangleright (866) 325-3222 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur	Fax No. ▶				
box ► [. If it is for part of the group, check this box	1			_	•	
1 I re	quest an automatic 6-month extension of time until the organization named above. The extension is for the	MA	Y 15, 2019 , to fil		npt organization		
	calendar year or X tax year beginning JUL 1, 2017 te tax year entered in line 1 is for less than 12 months, c Change in accounting period	······	<u> </u>	Final retur	 n		
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
nor	refundable credits. See instructions.		<u> </u>	3a	\$	0.	
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
esti	mated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
	using EFTPS (Electronic Federal Tax Payment System).	O = - ! 4	. **	3c	نه ا	0.	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)